Modified-Release Opioids Should Continue To Be Used For Appropriate Moderate Pain Patients, Cmte. Says

Modified-release potent opioids, such as Purdue Pharma's ***OxyContin*** (oxycodone), should continue to be available to patients with moderate pain who are at a higher risk of efficacy failure or side effects with other agents, members of FDA's Anesthetic & Life Support Drugs Advisory Committee said Sept. 9.

Because of the long-duration of treatment and the potential for addiction associated with the treatment, modified-release opioids should be used carefully in patients with moderate pain, committee member Vera Bril, MD, Toronto General Hospital, said.

Congressmen Harold Rogers (R-Kentucky) and Frank Wolf (R-Virginia) argued before the committee that modified-release opiates should only be used for patients with severe pain, like pain associated with terminal illnesses. The abuse and diversion of OxyContin has been under investigation by the House Energy & Commerce Committee since May 2001.

Committee members agreed that modified-release opioids are used appropriately in patients with advanced medical illness of cancer or AIDS and in patients with severe, non-malignant pain.

FDA convened the advisory committee to evaluate risk management for opiate analgesic drug products. The committee will then apply its evaluation to a Sept. 10 discussion of risk management plan for Purdue Pharma's pending opioid analgesic ***Palladone***, an extended-release hydromorphone product.

Voting participant Gregory Skipper, MD, Alabama Physician Health Program, suggested that the committee look at pain from the perspective of functionality as opposed to severity. In that definition, patients who cannot function as a result of pain should have the option to use potent, modified-release opioids.

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